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## TELEFAX

Date: July 13, 2005

Total pages: 15 with fax  
cover

To: USPTO

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Telefax: 703-872-9306

From: Rivka D. Monheit

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Our Docket No. CP 102

Client/Matter No. 085337-00009

Your Docket No.

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### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jane C. Hirsh, Kamal K. Midha, and Whe-Yong Lo

Patent No.: 09/858,016

Art Unit: 1616

Filed: May 15, 2001

Examiner: Sharmilas Gollamudi

For: *PHARMACEUTICAL COMPOSITION FOR BOTH INTRAORAL AND ORAL  
ADMINISTRATION*

### Attachments:

Transmittal Form PTO/SB/21; Fee Transmittal PTO/SB/17; Substitute Amendment and Response

{45057699.1}

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NO. 4848 P. 2

PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/858,016  
Filing Date May 15, 2001  
First Named Inventor Jane Hirsh  
Art Unit 1616  
Examiner Name Sharmila S. Gollamudi  
Attorney Docket Number CP 102

## ENCLOSURES (Check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
|--|---|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	July 13, 2005	Reg. No.	48,731

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Ronna Berman</i>		
Typed or printed name	Ronna Berman	Date	July 13, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

**Complete if Known**

Application Number	09/858,016
Filing Date	May 15, 2001
First Named Inventor	Jane Hirsh
Examiner Name	Sharmila S. Gollamudi
Art Unit	1616
Attorney Docket No.	CP 102

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
25 - 25 or HP =	0	x				
HP = highest number of total claims paid for. If greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3 - 3 or HP =	0	x				
HP = highest number of independent claims paid for. If greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731	Telephone (404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	July 13, 2005	

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JUL 13 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Jane Hirsh, Mark Hirsh, Whe-Yong Lo, and Kamal K. Midha

Serial No.: 09/858,016 Art Unit: 1616

Filed: May 15, 2001 Examiner: Gollamudi, Sharmila S.

For: *PHARMACEUTICAL COMPOSITION FOR BOTH INTRAORAL AND*  
*ORAL*  
*ADMINISTRATION*Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**SUBSTITUTE AMENDMENT AND RESPONSE**

Sir:

Responsive to the Notice of Non-Compliant Amendment mailed on June 30, 2005 and the Office Action mailed on March 16, 2005, please amend the application as follows. This is a substitute amendment to replace the amendment and response filed on June 16, 2005. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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